



OPERATING ROOM NURSE PROFICIENCY SKILLS CHECKLIST

Please accurately complete the following checklist. After printing your name and the date, please write the appropriate letter (C,S,B, or N) in the column that best describes your experience level with each skill.

EXPERIENCE

C = Circulate
S = Scrub
B = Both
N = Neither

EXPERIENCE LEVELS

1 Perform without assistance
2 Require some assistance
3 Require considerable assistance
4 No experience

NAME: _____ **DATE:** _____

GENERAL SURGERY	1	2	3	4	ORTHOPAEDIC	1	2	3	4
A.P. Resection					Amputation of limb				
Adrenalectomy					Arthroscopy				
Bowel Resection					Appl. external fix.				
Cholecystectomy (open)					Hip replacement				
Cholecystectomy (lap)					ORIF of fractures				
Gastrectomy					Spinal fusion				
Herniorrhaphy					Insertion Spinal Rods				
Stripping Varicose Veins					NEUROSURGERY	1	2	3	4
Splenectomy					Burr Holes				
Thyroidectomy					Craniotomy				
Tracheostomy					Laminectomy				
					Shunt procedures				
GYNECOLOGY	1	2	3	4	PLASTICS	1	2	3	4
Caesarean Section					Reduction Mammoplasty				
D & C					Rhinoplasty				
Hysterectomy (abdo)					Scar Revisions				
Hysterectomy (vag)					Skin grafts				
Laparoscopy									
Tubal reconstruction									
G.U.	1	2	3	4	OPHTHALMIC	1	2	3	4
Circumcision					Cataract extr.				
Cystectomy					Corneal transplant				
Nephrectomy					Enucleation				
Prostatectomy (open)					I.O.L. Implants				
Ureterolithotomy					Vitreotomy				
T.U.R.P.									
Vasectomy									
E.N.T.	1	2	3	4	THORACIC	1	2	3	4
Caldwell Luc					Chest Tube Insertion				
Laryngectomy					Hiatal Hernia				
Mastoidectomy					Lobectomy				
Radical Neck					Pneumectomy				
Ts and As									

CARDIO-VASCULAR	1	2	3	4	ENDOSCOPY	1	2	3	4
A-V Fistula					Bronchoscopy				
Aortic graft					Gastroscopy				
Aorto-fem. graft					Colonoscopy				
Fem. Pop. Bypass					Hysteroscopy				
In situ fem. graft									
Pacemaker insertion					ANAESTHETICS	1	2	3	4
Endarterectomy					Familiar with Boyles				
Embolectomy					Machine				
					Arterial / CVP set up				

Please indicate the number of years experience in each:

Circulate _____ Scrub _____ Adult _____ Paediatric _____ Both _____

Additional Skills: _____

Qualifications: _____

Signature: _____ Date: _____

Personal Objections to:

Therapeutic Abortions Yes No

Salpingectomies Yes No

Others (please state) _____

King Edward VII Memorial Hospitals – Operating Room Department consists of the following areas:

- a. Post Anaesthetic Care Unit (PACU)
- b. Surgical Out-patients Unit
- c. Four Operating Rooms

All of the aforementioned types of surgery are performed. Operating Room staff are also required to work in the PACU/SOPU as needed and on occasion may be requested to work on the General Ward areas.

SIGNATURE: _____ **DATE:** _____